## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

0/578534

| 9                                   |                                                                        | CLAIMS                                      | AS FILED .                     | +0/3/8534                                          |                                        |                             |                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------|--------------------------------|----------------------------------------------------|----------------------------------------|-----------------------------|------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| -                                   | C NATIONAL                                                             |                                             | (Colum                         | •                                                  | (Column 2)                             | SMALL E                     | YTITY                  | OI               | OTHE<br>R Small                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R THAN                 |
| U.S. NATIONAL STAGE FEES            |                                                                        |                                             |                                |                                                    |                                        | RATE                        | FEE                    | 7                | RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del>-</del>           |
| BASIC FEE                           |                                                                        |                                             | SMALL ENT.                     |                                                    | LÀRGE ENT. = \$ 800                    | BASIC FEE                   | -                      | ٦,,              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FE                     |
| EXAMINATION FEE                     |                                                                        |                                             | Satisfies PCT A                | rticle \$3(1)-                                     | All other situations =                 | EXAM. FEE                   |                        | OF               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 30                     |
| EARCH FEE                           |                                                                        |                                             | U.S. is ISA = \$ ALL other cou | 50/4 100                                           | \$ 100 / \$ 200 All other situations = |                             | <del> </del>           | -                | EXAM. FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .20                    |
| EE FOR EXTRA SPEC. PGS.             |                                                                        |                                             | \$ 200/\$                      | 400                                                | \$ 250 / \$ 500                        | SEARCH FEE                  |                        |                  | SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 40                     |
| OTAL CHARGEABLE CLAIMS              |                                                                        |                                             |                                | us 100'=                                           | / 50 ≐                                 | X \$ 125 =                  |                        | 7                | X \$ 250 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |
| NDEPENDENT CLAIMS                   |                                                                        |                                             | 14 mir                         |                                                    |                                        | X \$ 25 =                   |                        | OR               | X \$ 50 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1-                     |
| JULTIPLE DEPENDENT CLAIM PRE        |                                                                        |                                             | 1                              | inus 3 = ,                                         |                                        | X \$ 100 =                  | :                      | OR               | X \$ 200 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del> </del>           |
| If the difference in column 1 is le |                                                                        |                                             |                                |                                                    |                                        | + \$ 180 =                  |                        | OR               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-                     |
| •                                   |                                                                        | o iti column 1 is                           | less than zero,                | , enter "O"                                        | In column 2                            | TOTAL                       |                        | OR               | Annual Control of the | 90                     |
|                                     | CLAIMS AS AMENDED - PART (Column 1) (Colum CLAIMS HIGHE REMAINING NUMB |                                             |                                | 1 2) (Column 3)                                    | SMALL                                  |                             | OR<br>1                | OTHER<br>SMALL E | THAN<br>NTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |
|                                     | Total                                                                  | AFTER<br>AMENDMENT                          |                                | PREVIOU<br>PAID FO                                 | SLY EYTPA                              | RATE                        | ADDF<br>TIONAL<br>FEE  | •                | RATE .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TION/                  |
| AMENDMENTA                          |                                                                        | *                                           |                                | **                                                 | =                                      | X \$ 25 =                   | ·                      | OR               | X \$ 50 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |
|                                     | Independent                                                            | <u> </u>                                    |                                | ***                                                | = ,                                    | X \$ 100 =                  |                        | OR               | X \$ 200 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |
| _                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL                            |                                             |                                | AIM .                                              | + \$ 180 =                             |                             | OR                     | +\$ 360 =        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |
|                                     |                                                                        |                                             |                                |                                                    |                                        |                             |                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|                                     |                                                                        |                                             | ·                              |                                                    | •                                      | TOTAL ADDIT.<br>FEE         |                        | OR               | TOTAL ADDIT.<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | • :                    |
| 7                                   |                                                                        | (Column 1)                                  |                                | (Column                                            | 2) (Column 3)                          |                             |                        | OR               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • :                    |
|                                     |                                                                        | (Column 1) OLAIMS REMAINING AFTER AMENDMENT |                                | (Column<br>HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO | PRESENT                                |                             | ADDI-<br>TIONAL<br>FEE | OR               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDI-<br>TIONAI        |
| ŀ                                   | Total                                                                  | OLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | Minus *                        | HIGHES<br>NUMBER<br>PREVIOUS                       | PRESENT                                | FEE                         | TIONAL                 | ·<br>  [         | FEE<br>RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | , ADDI-                |
| ŀ                                   | ndependent                                                             | OLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | Mínus *                        | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO            | PRESENT<br>EXTRA                       | RATE                        | TIONAL                 | or               | RATE X \$ 50 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ADDI-<br>TIONAI        |
| ŀ                                   | ndependent                                                             | OLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO            | PRESENT<br>EXTRA                       | RATE  X \$ 25 =  X \$ 100 = | TIONAL                 | OR<br>OR         | RATE  X \$ 50 =  X \$ 200 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ADDI-<br>TIONAI<br>FEE |
| ŀ                                   | ndependent                                                             | OLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | Mínus *                        | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO            | PRESENT<br>EXTRA                       | RATE X \$ 25 =              | TIONAL                 | OR<br>OR         | RATE X \$ 50 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ADDI-<br>TIONAI        |